



BACKGROUND & SUMMARY INFORMATION

NAME Christophe L. Gawronski / Citizenstar Gawronski
STREET ADDRESS 7691 Worsley Place
CITY Dublin STATE OH ZIP CODE 43017
OFFICE SOUGHT Dublin City Council, Ward one
NAME OF TREASURER Donald C. Kelly

TYPE OF REPORT

- ☒ 32 DAYS PRIOR TO ELECTION
☐ 11 DAYS PRIOR TO ELECTION
☐ 38 DAYS FOLLOWING ELECTION

Cumulative total of all contributions received,
from campaign start through current report
date
(from Statement of Contributions Received
total)

\$ 375⁰⁰

Cumulative value of all in-kind contributions received,
from campaign start through current report
date
(from Statement of In-Kind Contributions Received
total)

\$ 0.00

Cumulative total of all expenditures made,
from campaign start through current report
date
(from Statement of Expenditures
total)

\$ ~~00~~.00

SIGNATURE

By signing below, I swear or affirm that this statement and any additional attachments have been prepared or carefully reviewed by me, and constitute my complete, truthful and correct disclosure of all required information.

Name: Christene L. Gawronski

Date: 10-4-2013

Signature: Christene A. Gawronski

Statement of Contributions Received

Name of Candidate or Campaign Committee in Full Citizens for Gawronski							
Full Name of Contributor Friends of Donna O'Connor						Registration Number, if PAC	
Street Address 5065 Winchell Ct.			Street Address Continued			Form (Cash, Check, etc.) check	
City Dublin			State OH		Zip Code 43017		M D Y Amount 018 28 13 \$100.00
Full Name of Contributor Jeanne Horvath						Registration Number, if PAC	
Street Address 2431 Channing Rd.			Street Address Continued			Form (Cash, Check, etc.) check	
City University Hs			State OH		Zip Code 44118		M D Y Amount 110 01 11 \$150.00
Full Name of Contributor Michelle Cross						Registration Number, if PAC	
Street Address 7665 Kestrel Way			Street Address Continued			Form (Cash, Check, etc.) check	
City Dublin			State OH		Zip Code 43017		M D Y Amount 110 01 21 \$250.00
Full Name of Contributor Cynthia Hoffman						Registration Number, if PAC	
Street Address 88 W. Kossuth St.			Street Address Continued			Form (Cash, Check, etc.) check	
City Columbus			State OH		Zip Code 43206		M D Y Amount 110 01 21 \$50.00
Full Name of Contributor Ermagene Kelly						Registration Number, if PAC	
Street Address 1814 Wicklow Ct.			Street Address Continued			Form (Cash, Check, etc.) check	
City Dublin			State OH		Zip Code 43017		M D Y Amount 110 01 11 \$50.00
Full Name of Contributor						Registration Number, if PAC	
Street Address			Street Address Continued			Form (Cash, Check, etc.)	
City			State		Zip Code		M D Y Amount
Full Name of Contributor						Registration Number, if PAC	
Street Address			Street Address Continued			Form (Cash, Check, etc.)	
City			State		Zip Code		M D Y Amount
Full Name of Contributor						Registration Number, if PAC	
Street Address			Street Address Continued			Form (Cash, Check, etc.)	
City			State		Zip Code		M D Y Amount

Page Totals \$ 375.00

Statement of Expenditures

Name of Candidate or Campaign Committee in Full <i>Citizens for Gawronski</i>									
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State	Zip Code	Check Number	
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State	Zip Code	Check Number	
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State	Zip Code	Check Number	
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State	Zip Code	Check Number	
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State	Zip Code	Check Number	
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State	Zip Code	Check Number	
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State	Zip Code	Check Number	
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State	Zip Code	Check Number	

Page Total \$

0.00